



PENSION APPRAISERS INC.

P.O. Box 4396 Allentown, PA 18105-4396
1-800-447-0084 - Fax: 610-770-9342



www.pensionappraisers.com
www.qdrodesk.com

**QUALIFIED DOMESTIC RELATIONS ORDER CHECKLIST
FOR PRIVATE (ERISA) CASH BALANCE DEFINED BENEFIT PLANS**

Option #1: Online - Answer questions at www.qdrodesk.com. Upon completion download the Order immediately. Unlimited Support 1-877-770-2270 (Toll Free) Cost - \$299. Pre-approval with the Plan Administrator may be available for an additional \$100 fee after an analyst in the office completes the free 9-point review process.

Option #2: In House - Complete this checklist and mail it with payment to Pension Appraisers. Our staff will prepare the Order and return it within 7-10 business days. Unlimited Support 1-800-447-0084 (Toll Free). Cost - \$495. You may opt in to our Pre-approval process on the last page for an additional \$75 fee.

As a reminder, we are always available to help you. We are fortunate to have a team of Pension Analysts and QDRO Specialists that enjoy what they do and are happy to answer your questions. We provide all support free of charge, so please do not hesitate to contact us.

1. REQUESTOR INFORMATION:

Name: _____

Firm Name: _____ (if you are an attorney)

Attorney ID (if applicable): _____ (if you are an attorney)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

If you are one of the Parties of the divorce who is represented by an attorney please provide your attorney's: (If you are an attorney and have already completed the section above please disregard.)

Name: _____

Attorney ID (if applicable): _____

Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

Should the attorney's name and/or firm name, address and telephone number appear above the

Legal Caption? _____ Yes _____ No

If Yes:

_____ Attorney's Name _____ Firm's Name

Are you the (or, if attorney, who do you represent?):

_____ Plaintiff / Petitioner _____ Defendant / Respondent

Should we send a copy of the Order to opposing counsel? _____ Yes _____ No

If Yes:

Opposing Counsel's Name: _____

Firm Name: _____

Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone #: _____ Fax #: _____
E-mail Address: _____

2. COURT INFORMATION:

Name of Court: _____

State: _____ County: _____

Division: _____ Docket Number: _____

Which party is considered the plaintiff/petitioner?

_____ PARTNER 1 - The Participant (Employee Spouse)

_____ PARTNER 2 - The Alternate Payee (Non-Employee Spouse)

In addition to the Judge's, what signature lines should come at the end of the Order?

_____ None

_____ Attorneys for Both Partners

_____ Both Partners

Opposing Atty. Name: _____

3. PARTNER 1 - The Participant: (Employee Spouse)

Name of Participant: _____

Date of Birth: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Phone #: _____

Social Security Number: _____ Gender: _____ Male _____ Female

4. PARTNER 2 - The Alternate Payee: (Non-Employee Spouse)

Name of Alternate Payee: _____

Date of Birth: _____

Last Known Mailing Address: _____

City, State, Zip Code: _____

Phone #: _____

Social Security Number: _____ Gender: _____ Male _____ Female

5. MISCELLANEOUS INFORMATION:

Should Social Security Numbers appear in the Order? _____ Yes _____ No

Marriage Date: _____

Are the Parties Divorced? _____ Yes _____ No If Yes: Date of Divorce: _____

Cut-off date for marital property rights: _____

(Cut-off date used to determine marital coverture fraction i.e. separation date, complaint date, or divorce date.)

Exact Plan Name: _____

(The number one reason Orders are rejected is because the plan name is wrong. Please provide a statement or other plan document showing the complete, correct legal name of the plan.)

Date Participant Joined The Plan: _____

Is the Participant still employed? _____ Yes _____ No If No: Termination Date: _____

Is the Participant receiving retirement benefits? _____ Yes _____ No If Yes: Retirement Date: _____

6. FOR A CASH BALANCE DEFINED BENEFIT PLAN:

A Cash Balance plan is a defined benefit plan that defines the benefit in terms that are more characteristic of a defined contribution plan. In other words, a cash balance plan defines the promised benefit in terms of a stated account balance. In a typical cash balance plan, a "formula" is used to determine an employee's benefit. A participant's account is credited each year with a pay credit (such as 5 percent of compensation from his or her employer) and an interest credit (either a fixed rate or a variable rate that is linked to an index such as the one-year Treasury bill rate). Increases and decreases in the value of the plan's investments do not directly affect the benefit amounts promised to participants. Thus, the investment risks and rewards on plan assets are borne solely by the employer.

A. Is this Cash Balance Plan a "Conversion" from a Traditional Defined Benefit Plan?

_____ **Yes** _____ **No** **If Yes: Conversion Date:** _____

If Yes and:

_____ **The Participant was employed and the parties were married prior to the Conversion Date and the Participant is still employed or has terminated but is not receiving retirement benefits.**

What share of the Opening Account Balance shall be awarded to the Alternate Payee?

- _____ **Option #1: Percent: _____ %**
- _____ **Option #2: Dollar Amount: \$ _____**
- _____ **Option #3: Percent: _____ % Plus a Dollar Amount of: \$ _____**
- _____ **Option #4: Percent: _____ % Less a Dollar Amount of: \$ _____**
- _____ **Option #5: Percent: _____ % After a Dollar Amount of: \$ _____ is Deducted**
- _____ **Option #6: Percent: _____ % of the Marital Portion**

What share of the Contributions and Interest Credits since the Cash Balance Establishment Date shall be awarded to the Alternate Payee?

- _____ **Option #1: Percent: _____ % As of the Date Marriage Ended**
- _____ **Option #2: Percent: _____ % As of a Specific Date which is _____**
- _____ **Option #3: Dollar Amount: \$ _____**

If the Alternate Payee predeceases the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:

- _____ **Revert to the Participant.**
- _____ **Be paid to the Alternate Payee's estate.**
(Some Plans do not allow this under their guideline)

_____ **The Participant was employed and the parties were married prior to the Conversion Date and the Participant is retired and receiving benefits.**

Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to the Alternate Payee?

- _____ **Option #1: Percent: _____ % of the Total Monthly Benefit being received.**
- _____ **Option #2: Dollar Amount per Month: \$ _____**

If the Alternate Payee predeceases the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:

- _____ **Revert to the Participant. OR** _____ **Be paid to the Alternate Payee's estate.**
(Some Plans do not allow this under their guideline)

If No and:

_____ **The Participant is still employed or has terminated but is not receiving retirement benefits.**

What portion of Participant's Total Account Balance shall be awarded to the Alternate Payee?

- _____ **Option #1: Percent: _____ %**
- _____ **Option #2: Dollar Amount: \$ _____**
- _____ **Option #3: Percent: _____ % Plus a Dollar Amount of: \$ _____**
- _____ **Option #4: Percent: _____ % Less a Dollar Amount of: \$ _____**

_____ Option #5: Percent: _____ % After a Dollar Amount of: \$ _____ is Deducted
_____ Option #6: Percent: _____ % of the Marital Portion

These percentages and/or dollar amounts shall be applied to Participants total account balance as of what date?

_____ As of the Date Marriage Ended (we will use the date from question #5)

_____ As of a Specific Date which is: _____

If the Alternate Payee predeceases the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:

_____ Revert to the Participant.

_____ Be paid to the Alternate Payee's estate.
(Some Plans do not allow this under their guideline)

_____ The Participant is retired and receiving retirement benefits.

Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to the Alternate Payee?

_____ Option #1: Percent: _____ % of the Total Monthly Benefit being received.

_____ Option #2: Percent: _____ % of the Marital Portion.

_____ Option #3: Dollar Amount per Month: \$ _____

If the Alternate Payee predeceases the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:

_____ Revert to the Participant. OR _____ Be paid to the Alternate Payee's estate.
(Some Plans do not allow this under their guideline)

7. If the Plan Administrator charges a one time determination fee for review of the QDRO, who should be responsible for paying the fee? (The fee will be taken from the investment options in the applicable account(s) according to the plan level fee method in effect as of the date the fee is deducted.)

_____ Participant _____ Split equally between the Participant and the Alternate Payee.

_____ Alternate Payee _____ This question shall not be addressed in the QDRO.

8. Would you like to receive our recommended corresponding Settlement Agreement Language for this QDRO?

_____ Yes _____ No (There is no additional cost for service)

(Often the QDRO is being prepared post-divorce, but it is highly encouraged, when possible, to have the QDRO prepared in conjunction with the Settlement Agreement to ensure the appropriate language covers in detail the terms for dividing the retirement account.)

9. For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval?

_____ Yes _____ No **If Yes:** In order for us to obtain pre-approval you **MUST** provide the following:

Administrator's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

10. Payment can be made by Check, Money Order or Credit Card.

Credit Card: _____ MC _____ Visa _____ Amex _____ Discover

Credit Card #: _____

Expiration Date: _____ / _____ CVV: _____

Name as it appears on the credit card: _____

Billing address of the credit card: _____

Checks and Money Orders should be made payable to Pension Appraisers, Inc.
PLEASE NOTE: Requests made with personal checks will be held for two weeks to ensure that the check clears.
FAX THIS REQUEST FORM TO: 610-770-9342 (only if paying by credit card)
MAIL THIS REQUEST FORM TO: Pension Appraisers, Inc., P.O. Box 4396, Allentown, PA 18105
Any questions regarding this Request Form or fees, please call us toll free at 1-800-447-0084.